

# Exhibit B

COUNTY OF WAYNE MICHIGAN											
STATE OF MICHIGAN DEPARTMENT OF HEALTH AND HUMAN SERVICES CERTIFICATE OF DEATH											
STATE FILE NUMBER 3880544											
1. DECEDENT'S NAME (First, Middle, Last) <b>KEVIN ANDERSON MATTHEWS</b>		2. DATE OF BIRTH (Month, Day, Year) <b>DEC. 10, 1980</b>		3. SEX <b>Male</b>		4. DATE OF DEATH (Month, Day, Year) <b>Dec 23, 2015</b>					
5. NAME AT BIRTH OR OTHER NAME USED FOR PERSONAL BUSINESS (include AKA's if any)		6a. AGE - Last Birthday (Years) <b>35</b>		6b. UNDER 1 YEAR MONTHS DAYS		6c. UNDER 1 DAY HOURS MINUTES					
7a. LOCATION OF DEATH (Enter place officially pronounced dead in 7a, 7b, 7c) HOSPITAL OR OTHER INSTITUTION - Name (if not in either, give street and number and zip code) <b>R/O 8080 WHITCOMB</b>		7b. CITY, VILLAGE, OR TOWNSHIP OF DEATH <b>DETROIT</b>		7c. COUNTY OF DEATH <b>WAYNE</b>							
8a. CURRENT RESIDENCE - STATE <b>MICHIGAN</b>		8b. COUNTY <b>WAYNE</b>		8c. LOCALITY (Check the box that describes the location) <input checked="" type="checkbox"/> CITY OR VILLAGE (Include limits if) <b>DETROIT</b>		8d. STREET AND NUMBER (Include Apt. No. if applicable) <b>8287 SUSSEX</b>					
8e. ZIP CODE <b>48228</b>		9. BIRTHPLACE (City and State or Country) <b>DETROIT, MICHIGAN</b>		10. SOCIAL SECURITY NUMBER <b>373 88 2725</b>		11. DECEDENT'S EDUCATION - What is the highest degree or level of school completed at the time of death? <b>10TH GRADE</b>					
12. RACE - American Indian, White, Black, etc. (If Asian, give nationality in Chinese, Filipino, Asian Indian, etc.) (Enter all that apply)		13a. ANCESTRY - Mexican, Cuban, Arab, African, English, French, Dutch, etc. (Enter all that apply) (If American Indian race, enter principal tribe)		13b. HISPANIC ORIGIN (Yes or No) <b>NO</b>		14. WAS DECEDENT EVER IN THE U.S. ARMED FORCES? (Yes or No) <b>NO</b>					
15. USUAL OCCUPATION Give kind of work done during most of working life. Do not use retired.		16. KIND OF BUSINESS OR INDUSTRY <b>NONE</b>		17. MARITAL STATUS - Married, Never Married, Widowed, Divorced (Specify) <b>NEVER MARRIED</b>		18. NAME OF SURVIVING SPOUSE (If wife, give name before first married)					
19. FATHER'S NAME (First, Middle, Last) <b>KENNETH M. MATTHEWS</b>		20. MOTHER'S NAME BEFORE FIRST MARRIED (First, Middle, Last) <b>VALERIE HODGE</b>									
21a. INFORMANT'S NAME (Type/Print) <b>VALERIE JOHNSON</b>		21b. RELATIONSHIP TO DECEDENT <b>MOTHER</b>		21c. MAILING ADDRESS (Street and Number or Rural Route Number, City or Village, State, Zip Code) <b>8287 SUSSEX, DETROIT, MI 48228</b>							
22. METHOD OF DISPOSITION Burial, Cremation, Entombment, Donation, Removal, Storage (Specify) <b>BURIAL</b>		23a. PLACE OF DISPOSITION (Name of Cemetery, Crematory, or other location) <b>GRAND LAWN CEMETERY</b>		23b. LOCATION - City or Village, State <b>DETROIT, MI</b>							
24. SIGNATURE OF MORTUARY SCIENCE LICENSEE <b>MAJOR C. CLORA JR.</b>		25. LICENSE NUMBER (If Licensee) <b>7437</b>		26. NAME AND ADDRESS OF FUNERAL FACILITY <b>CLORA FUNERAL HOME, 5801 E. SEVEN MILE DETROIT, MI 48234</b>							
27a. CERTIFIER (Check only one) <input type="checkbox"/> Certifying Physician - To the best of my knowledge, death occurred due to the cause(s) and manner stated. <input checked="" type="checkbox"/> Medical Examiner - On the basis of examination and/or investigation, in my opinion death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title <i>[Signature]</i> M.D.		28a. ACTUAL OR PRESUMED TIME OF DEATH <b>UNKNOWN</b>		28b. PRONOUNCED DEAD ON (Month, Day, Year) <b>Dec 23, 2015</b>		28c. TIME PRONOUNCED DEAD <b>3:50 PM</b>		29. MEDICAL EXAMINER CONTACTED? (Yes or No) <b>Yes</b>			
27b. DATE SIGNED (Month, Day, Year) <b>Dec 25, 2015</b>		27c. LICENSE NUMBER <b>077331</b>		30. PLACE OF DEATH (Home, Hospice, Nursing Home, Hospital, Ambulance) (Specify) <b>Yard</b>		31. IF HOSPITAL, Inpatient, Outpatient, Emergency Room, DDA (Specify)		32. MEDICAL EXAMINER'S CASE NUMBER (If applicable) <b>15-14215</b>			
33a. REGISTRAR'S SIGNATURE <i>Cathy M. Garrett</i>		33b. DATE FILED (Month, Day, Year) <b>JAN 12 2016</b>									
34. NAME AND ADDRESS OF CERTIFYING PHYSICIAN (Type or Print) <b>Francisco Diaz, M.D. Assistant Medical Examiner</b>		34b. ADDRESS <b>1300 E. Warren Ave, Detroit, MI 48207</b>									
35. PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. Enter only one cause on a line. If diabetes was an immediate, underlying or contributing cause of death, be sure to record diabetes in either Part I or Part II of the cause of death section, as appropriate. <b>MULTIPLE GUNSHOT WOUNDS</b> DUE TO (OR AS A CONSEQUENCE OF) IMMEDIATE CAUSE (Final disease or condition resulting in death) DUE TO (OR AS A CONSEQUENCE OF) Sequentially list conditions, leading to the cause listed on line a. Enter the UNDERLYING CAUSE (Disease or injury that initiated the events resulting in death) LAST. <b>FOUND SHOT</b>		36. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		37. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant but pregnant within 42 days of death <input type="checkbox"/> Not pregnant but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year		38. IF FEMALE: <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant but pregnant within 42 days of death <input type="checkbox"/> Not pregnant but pregnant 43 days to 1 year before death <input type="checkbox"/> Unknown if pregnant within the past year					
39. MANNER OF DEATH - Accident, Suicide, Homicide, Natural, Indeterminate, or Pending (Specify) <b>Homicide</b>		40a. WAS AN AUTOPSY PERFORMED? (Yes or No) <b>Yes</b>		40b. WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? (Yes or No) <b>Yes</b>							
41a. DATE OF INJURY (Month, Day, Year) <b>Dec 23, 2015</b>		41b. TIME OF INJURY <b>UNKNOWN</b>		41c. DESCRIBE HOW INJURY OCCURRED <b>FOUND SHOT</b>							
41d. INJURY AT WORK (Yes or No) <b>No</b>		41e. PLACE OF INJURY - At home, farm, street, construction site, wooded area, etc. (Specify) <b>YARD</b>		41f. IF TRANSPORTATION INJURY - Driver/Operator, Passenger, Pedestrian, etc. (Specify)		41g. LOCATION - Street or RFD No. City, Village or Twp. State <b>REAR YARD OF 8080 WHITCOMB DETROIT, MI</b>					

THIS IS TO CERTIFY THAT THIS IS A TRUE AND CORRECT REPRODUCTION OF THE ORIGINAL RECORD AS RECORDED WITH WAYNE COUNTY. DO NOT ACCEPT UNLESS PREPARED ON APPROVED SECURITY PAPER DISPLAYING THE OFFICIAL SEAL AND SIGNATURE OF THE ISSUING AGENCY. NOT VALID IF PHOTOCOPIED. LAMINATION MAY VOID CERTIFICATE.

121071 JAN 12 2016 *Cathy M. Garrett*  
Cathy M. Garrett  
WAYNE COUNTY CLERK

Dated

Death Records

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